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# CLAIMS ONLY

SERIAL NO.

FILING DATE

APPLICANT(S)

Amended TB CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2	1		1		1	
3	1		1		1	
4		2		2		2
5		2		2		2
6		2		2		2
7		2		2		2
8		3		3		3
9		2		2		2
10		1		1		1
11		1		1		1
12		1		1		1
13		1		1		1
14		1		1		1
15		1		1		1
16		2		2		2
17		2		2		2
18		1		1		1
19		1		1		1
20		3		3		3
21		3		3		3
22		3		3		3
23		3		3		3
24		3		2		2
25		3		2		2
26		1		1		1
27		1		1		1
28		3		3		3
29		3		3		3
30		3		3		3
31		3		3		3
32		3		3		3
33		3		3		3
34		3		3		3
35		3		3		3
36		3		3		3
37		3		3		3
38		3		3		3
39		3		3		3
40		3		3		3
41		3		3		3
42		3		3		3
43		3		3		3
44		3		3		3
45		3		3		3
46		3		3		3
47		3		3		3
48		3		3		3
49		3		3		3
50		3		3		3
51		3		3		3
52		3		3		3
53		3		3		3
54		3		3		3
55		3		3		3
56		3		3		3
57		3		3		3
58		3		3		3
59		3		3		3
60		3		3		3
61		3		3		3
62		3		3		3
63		3		3		3
64		3		3		3
65		3		3		3
66		3		3		3
67		3		3		3
68		3		3		3
69		3		3		3
70		3		3		3
71		3		3		3
72		3		3		3
73		3		3		3
74		3		3		3
75		3		3		3
76		3		3		3
77		3		3		3
78		3		3		3
79		3		3		3
80		3		3		3
81		3		3		3
82		3		3		3
83		3		3		3
84		3		3		3
85		3		3		3
86		3		3		3
87		3		3		3
88		3		3		3
89		3		3		3
90		3		3		3
91		3		3		3
92		3		3		3
93		3		3		3
94		3		3		3
95		3		3		3
96		3		3		3
97		3		3		3
98		3		3		3
99		3		3		3
100		3		3		3
TOTAL IND.	7		7		7	
TOTAL DEP.	82		82		82	
TOTAL CLAIMS	89		89		89	

	* AMENDED TB		* AMENDED TB		* AMENDED TB	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1		1		1
52		1		1		1
53		3		3		3
54		3		3		3
55		3		3		3
56		3		3		3
57		1		1		1
58		3		3		3
59		3		3		3
60		1		1		1
61		1		1		1
62		1		1		1
63		1		1		1
64		1		1		1
65		1		1		1
66	1	1	1	1	1	1
67		1		1		1
68		1		1		1
69		3		3		3
70		3		3		3
71		3		3		3
72	1	1	1	1	1	1
73		1		1		1
74		1		1		1
75		1		1		1
76		①		①		①
77	1	1	1	1	1	1
78		1		1		1
79		1		1		1
80		1		1		1
81		4		4		4
82		4		4		4
83		4		4		4
84		4		4		4
85		4		4		4
86		4		4		4
87		4		4		4
88	1	1	1	1	1	1
89		1		1		1
90	1	1	1	1	1	1
91		1		1		1
92		1		1		1
93		1		1		1
94		1		1		1
95		1		1		1
96		1		1		1
97		1		1		1
98	1	1	1	1	1	1
99		1		1		1
100		1		1		1
TOTAL IND.	7		7		7	
TOTAL DEP.	82		82		82	
TOTAL CLAIMS	89		89		89	

3K 90  
22  
4K 22  
28  
27+

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NEED FOR ADDITIONAL CLAIMS OR AMENDMENTS

is 166

U.S. DEPARTMENT OF COMMERCE  
Patent and Trademark Office

# CLAIMS ONLY

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		/		/		/
2	/		/		/	
3		/		/		/
4		/		/		/
5		/		/		/
6		/		/		/
7		/		/		/
8		/		/		/
9		/		/		/
10		/		/		/
11		/		/		/
12		/		/		/
13		/		/		/
14		/		/		/
15		/		/		/
16		/		/		/
17		/		/		/
18		/		/		/
19		/		/		/
20		/		/		/
21		/		/		/
22		/		/		/
23		/		/		/
24		/		/		/
25		/		/		/
26		/		/		/
27		/		/		/
28		/		/		/
29		/		/		/
30		/		/		/
31		/		/		/
32		/		/		/
33		/		/		/
34		/		/		/
35		/		/		/
36		/		/		/
37		/		/		/
38		/		/		/
39	/		/		/	
40	/		/		/	
41	/		/		/	
42	/		/		/	
43	/	/	/	/	/	/
44	/	/	/	/	/	/
45	/	/	/	/	/	/
46	/	/	/	/	/	/
47	/	/	/	/	/	/
48	/	/	/	/	/	/
49	/	/	/	/	/	/
50	/	/	/	/	/	/
TOTAL IND.	9		9		9	
TOTAL DEP.	117		117		117	
TOTAL CLAIMS	126		126		126	

	★		★		★	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/		/		/
52	/		/		/	
53		/		/		/
54	/		/		/	
55		/		/		/
56		/		/		/
57		/		/		/
58		/		/		/
59		/		/		/
60		/		/		/
61		/		/		/
62		/		/		/
63		/		/		/
64	/		/		/	
65		/		/		/
66		/		/		/
67		/		/		/
68		/		/		/
69		/		/		/
70		/		/		/
71		/		/		/
72		/		/		/
73		/		/		/
74		/		/		/
75		/		/		/
76		/		/		/
77		/		/		/
78		/		/		/
79		/		/		/
80		/		/		/
81		/		/		/
82		/		/		/
83		/		/		/
84		/		/		/
85		/		/		/
86		/		/		/
87		/		/		/
88		/		/		/
89		/		/		/
90		/		/		/
91		/		/		/
92		/		/		/
93		/		/		/
94		/		/		/
95		/		/		/
96		/		/		/
97		/		/		/
98		/		/		/
99		/		/		/
100		/		/		/
TOTAL IND.	6		4		5	
TOTAL DEP.	14		12		16	
TOTAL CLAIMS	20		16		21	

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101						
102						
103						
104						
105						
106						
107						
108						
109						
110						
111						
112						
113						
114						
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144						
145						
146						
147						
148						
149						
150						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
151						
152						
153						
154						
155						
156						
157						
158						
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173						
174						
175						
176						
177						
178						
179						
180						
181						
182						
183						
184						
185						
186						
187	1					
188		1				
189		1				
190		3				
191		3				
192		3				
193		3				
194		3				
195		1				
196		1				
197		1				
198		1				
199		1				
200		1				
TOTAL IND.	1					
TOTAL DEP.		23				
TOTAL CLAIMS		24				

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
201		1					2 51						
202		1					2 52						
203		8					2 53						
204		9					2 54						
205		9					2 55						
206							2 56						
207							2 57						
208							2 58						
209							2 59						
210							2 60						
211							2 61						
212							2 62						
213							2 63						
214							2 64						
215							2 65						
216							2 66						
217							2 67						
218							2 68						
219							2 69						
220							2 70						
221							2 71						
222							2 72						
223							2 73						
224							2 74						
225							2 75						
226							2 76						
227							2 77						
228							2 78						
229							2 79						
230							2 80						
231							2 81						
232							2 82						
233							2 83						
234							2 84						
235							2 85						
236							2 86						
237							2 87						
238							2 88						
239							2 89						
240							90						
241							2 91						
242							2 92						
243							2 93						
244							2 94						
245							2 95						
246							2 96						
247							2 97						
248							2 98						
249							2 99						
250							3 00						
TOTAL IND.	0						TOTAL IND.						
TOTAL DEP.	24						TOTAL DEP.						
TOTAL CLAIMS	24						TOTAL CLAIMS						